

CUSTOMER REIMBURSEMENT PLAN

Suzuki Motor of America, Inc.

If your motorcycle is included in this recall and you have paid for repairs to address failure of the stator assembly, you may be eligible for full or partial reimbursement. This reimbursement plan covers certain 2012 - 2016 DL650A/XA motorcycles.

Please note the following conditions for reimbursement:

- Only repairs made to address the defect that led to this recall are reimbursable. Additional expenses such as towing, car rental, accommodations, damage repairs, etc. will not be reimbursed. Reimbursement will not be provided for routine scheduled maintenance.
- Reimbursement may be limited to the suggested list price for parts, the Suzuki published flat rate time allowance for the repair, and the labor rate that an authorized Suzuki dealer in the same area would charge for the same repair.
- An owner will not be eligible for reimbursement if the expenses for repairs are incurred more than 10 days after the date of the last owner notice sent by Suzuki Motor of America, Inc.
- Reimbursement claims may also be excluded when adequate documentation, as described below, is not submitted by the claimant.
- To apply for reimbursement:
 1. Complete the attached reimbursement form.
 2. Attach a copy of the repair receipt or invoice. The repair receipt or invoice must indicate replacement of the stator assembly or other repairs to address the defect that led to this safety recall. The receipt or invoice should show the model, Vehicle Identification Number (VIN), the name and address of the repairing facility, the itemized cost of repairs (parts and labor) and the date the work was completed.
 3. Provide proof of ownership at the time of repair, such as vehicle registration, title, and/or proof of insurance card. Your current mailing address and phone number should be included.
 4. Attach proof of payment such as a copy of the canceled check, bank statement, cash receipt, or credit card receipt showing that you paid for the repair.
 5. Scan and e-mail the completed form and supporting documentation to Reimburse@suz.com, or mail the form and documentation to:

Suzuki Motor of America, Inc.

ATTN: Customer Service Department 3251 East Imperial Highway
Brea, CA 92821-6795

NOTE:

Suzuki Motor of America, Inc., will act upon a reimbursement claim within 60 days of receipt.

CUSTOMER REIMBURSEMENT CLAIM

TODAY'S DATE: _____

COMPLETE 17-DIGIT VEHICLE IDENTIFICATION NUMBER (VIN): _____

MILEAGE AT THE TIME OF REPAIR: _____

DATE OF REPAIR: _____

CLAIMANT NAME (PLEASE PRINT): _____

STREET ADDRESS OR P.O. BOX NUMBER: _____

CITY: _____

STATE: _____

ZIP CODE: _____

CLAIMANT E-MAIL ADDRESS: _____

DAYTIME TELEPHONE NUMBER (INCLUDE AREA CODE): _____

EVENING TELEPHONE NUMBER (INCLUDE AREA CODE): _____

AMOUNT OF REIMBURSEMENT REQUESTED: \$ _____

ADDITIONAL DETAILS CAN BE FOUND AT WWW.SUZUKICYCLES.COM/RECALLS.ASPX.